

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW MEXICO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Additional Remedies: Describe the criteria (as required at §1919(h)(2)(A)) for applying the additional remedy. Include the enforcement category in which the remedy will be imposed (i.e., category 1, category 2, or category 3 as described at 42 CFR 488.408).

NA

STATE <i>New Mexico</i>		A
DATE REC'D	SEP 26 1995	
DATE ACT	OCT 27 1995	
DATE EFF	JUL 01 1995	
HCFA 179	95-13	

TN No. 95-13
Supersedes _____
TN No. _____
Approval Date: OCT 27 1995
Effective Date: JUL 01 1995